

**SE-260****Request for Authority to Amend a Professional Services Contract**

**AGENCY:** \_\_\_\_\_  
(Name)

**PROJECT:** - - -  
(Number) (Name)

**AMENDMENT NUMBER:** \_\_\_\_\_  
\_\_\_\_\_  
(Name of Person or Firm) (FEIN or SSN)

**BUDGET INFORMATION** (Complete ALL 4 items)

1. Total Project Funding:  
(for PIPs, enter latest A-1 "Total Project Budget", for Non-PIPs, enter Agency's project budget) \_\_\_\_\_
2. Basic Services Fee      Contract Fee prior to this Amendment: \_\_\_\_\_  
Change in Fee per this Amendment: \_\_\_\_\_  
**Total Revised Basic Services Fee:** \_\_\_\_\_
3. Additional Services Fee      Contract Fee prior to this Amendment: \_\_\_\_\_  
Change in Fee per this Amendment: \_\_\_\_\_  
**Total Revised Additional Services Fee:** \_\_\_\_\_
4. Reimbursable Expenses      Contract Amount prior to this Amendment: \_\_\_\_\_  
(Not-to-Exceed Amount)      Change in Amount per this Amendment: \_\_\_\_\_  
**Total Revised Reimbursable Expenses:** \_\_\_\_\_

**Reasons for Amendment:**

**AGENCY CERTIFICATION:** I hereby certify that the Agency has reviewed the attached modification proposal, including any cost and pricing data provided in accordance with the requirements of the SC Consolidated Procurement Code and the *Manual for Planning and Execution of State Permanent Improvements-Part II*, and has determined that the proposed fee adjustment is fair and reasonable. I further certify that the Agency has authorized, unencumbered funds available for obligation to this contract, and that it is in the best interest of the Agency to enter into this Agreement to revise the scope of services to be rendered under the aforementioned Project's original Contract and as allowed therein. I certify that the revised scope is within the approved scope and budget for this Project.

- ☐ CHANGE IS WITHIN AGENCY CERTIFICATION AND THIS AMENDMENT IS HEREBY APPROVED.
- ☐ CHANGE EXCEEDS AGENCY CERTIFICATION AND I REQUEST THE APPROVAL OF THE STATE ENGINEER TO PROCEED.

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Signature) \_\_\_\_\_  
\_\_\_\_\_  
(Print or Type Name) (Title)

**APPROVED:** \_\_\_\_\_  
(State Engineer) (Date)

**INSTRUCTIONS TO AGENCY:**

1. **AMENDMENTS REQUIRING OSE APPROVAL:** Submit the original and one copy of SE-260, and one copy of the supporting cost and schedule data to the OSE Project Manager for review and approval.
2. **AMENDMENTS APPROVED BY AGENCY:** Submit one copy of the executed SE-260, and one copy of the supporting cost and schedule data to the OSE Project Manager for information.